

Tag

input 10.11.24 lak L2

LK 9.23.24

LUB

25-26

609520

MBH 10/14/24

019

Prop Code

019

Prop ID # 609520
 MTL 052W130000102
 Tag? NO YES Date 7/26/24
 Pull tag

Prop Class 019 Prop Code 019
 Situs 436 OATS ST #104
 Brand: SKYLINE WEST RIDGE
 ts 10-28-24

Segment MA 457
 Roof: Roof Roof + 1296
 Heat: HVAC HVAC +
 Plumbing: 2 Jettub Grdntub
 # of Fireplace(s): 1 Kit Ave
 Interior comp: Cktp Crng Dsp DW
 H&F Oven s/d Micro BIREF Trash Other
 Bedrooms: 2 Qty 5+
 Yr Blt 2023 Eff Yr 2024 % Good
 % Comp 100 Func New Econ
 Except Code New Lump Sum
 Comments w/ Den

Segment DW 192
 Roof: Roof Roof +
 Heat: HVAC HVAC +
 Plumbing: Jettub Grdntub
 # of Fireplace(s):
 Interior comp: Cktp Crng Dsp DW
 H&F Oven s/d Micro BIREF Trash Other
 Bedrooms: Qty
 Yr Blt 2023 Eff Yr 2024 % Good
 % Comp 100 Func New Econ
 Except Code New Lump Sum
 Comments

Segment MHSK Class 166
 Skirting Wood Vinyl Fbrgl Metal
 Skirting + Cinder Block Brick
 Yr Blt 2024 Eff Yr 2024 % Good
 % Comp Func Econ
 Except Code Lump Sum
 Comments

Segment PR 192
 Roof: Roof Roof +
 Heat: HVAC HVAC +
 Plumbing: Jettub Grdntub
 # of Fireplace(s):
 Interior comp: Cktp Crng Dsp DW
 H&F Oven s/d Micro BIREF Trash Other
 Bedrooms: Qty
 Yr Blt 2023 Eff Yr 2024 % Good
 % Comp 100 Func New Econ
 Except Code New Lump Sum
 Comments

Segment	<u>PR</u>				Land and/or OSD
Class					
Dimensions/Size	<u>88</u>				
Foundation					
Exterior Wall					
Interior Finish					
Roof Cover					
Roof Style					
Flooring					
Plumbing					
Heat					
Electric					
Misc.					
Year Built	<u>2024</u>				
Eff. Year	<u>2024</u>				
Condition					Check other side ---->
% Complete					
Lump Sum					
Exception Code	<u>New</u>				

Manufactured home

Account: 609520

Tag color _____

Exterior:

Overhang: Number of Sides: 1 ~~2~~ 3 4 Wide Average Narrow

Windows: Minimal Average Abundant

Recessed Entry: Y N Siding: T-111 Hardi Beveled with accents Hardi with masonry

Roof: Comp Arch Comp Metal Other Multiple Gables: 0 1 More

Doors: Res Steel Wooden Glass Slider Transom Sidelights

Trim: Front only All sides

Exterior Class: 4 5 6 7 + -

Heat: FA BB HP AC

Interior:

Walls: Panel T & T Gypsum Arches Plant shelves Built-ins _____ Extra rooms _____

Kitchen:

Island: Y N Cabinets: Wrapped vinyl Wood doors Wood

Pantry: Y N Counters: Granite Tile Laminated Other: _____

Components: Dishwasher Hood Fan Range Oven Microwave Cooktop Double oven Garbage Disposal

Floors: Vinyl Tile Wood Laminated Other: _____

Kitchen Class: 4 5 6 7 + -

Bath: 2/2 & Den

Number: _____

Master: Sinks: 1 2 Shower Tub Combo Cabinets: Y N Floors: Tile Vinyl Other _____

Other: Sinks: 1 2 Shower Tub Combo Cabinets: Y N Floors: Tile Vinyl Other _____

Bath Class: 4 5 6 7 + -

Utility: Cabinets Sink Other: _____

Overall Class: 4 5 6 7 + -

Asking \$ 279,973

Tray. w/CR



A	B	C
1	Account Number	69520
2	Design	Average plus_MS
3	Siding	Beveled_MS
4	Trim	Front_only_MS
5	Overhang	Average_on_1_or_2_sides
6	Windows & Doors	Transom_or_Sidelights_average_windows_MS
7	Entry	Large_covered_MS
8	Roof	Multiple_Gables_MS
9		
10		
11	CLASS	5s
12		5.55
13		
14		
15	To use this tool select the drop down item for each category that best describes the property being appraised. If the item is unknown use appraiser judgment.	
16	To save: select the file tab and select print. Select PDFcreator as the printer and select print, a pop up will come up select save and the location you wish to save it to. the file name should be the account number	
17		
18		
19		



PR
11x8

PARK
sided
garage

PR/DW

BUILDING DIAGRAM AND OUTBUILDINGS

ACCT NO: 69520 MAP NO: 05201202 TAX LOT: 0112

CALCULATIONS: SCALE: 1" = 20'

MEASUREMENT VERIFIED	YR BLT: 2023	ADDRESS: 436 Dale St #104
DATE: 7/26/24	BY: [signature]	REMARKS: BUILDER: Skyline West Ridge

436 Oats St. # 104, Woodburn

SECTION 1		NATURE OF FILING (check all that apply)			
<input type="checkbox"/> New home to MHODS	<input type="checkbox"/> Adding or removing a co-owner	<input checked="" type="checkbox"/> Demolition (Date: _____)			
<input checked="" type="checkbox"/> Used home sale	<input type="checkbox"/> Recording as real property	<input type="checkbox"/> Converted to storage			
<input checked="" type="checkbox"/> Security interest change	<input type="checkbox"/> Removing from real property status	<input checked="" type="checkbox"/> Trip Permit			
<input type="checkbox"/> Transfer by inheritance	<input checked="" type="checkbox"/> Other (please note): _____				
SECTION 2		APPLICANT INFORMATION (please print)			
<input checked="" type="checkbox"/> Dealer/Seller		<input type="checkbox"/> Lender	<input type="checkbox"/> Escrow/Title Agent	<input type="checkbox"/> Owner/Buyer	<input type="checkbox"/> Legal Representative
Name: (first, middle, last) Clayton Homes				Phone: 541-967-8555	
Address: 1437 Century Dr. NE					
City: Albany			State: OR		ZIP: 97322
Email: _____					
SECTION 3		HOME INFORMATION (Information in bold is required)			
Home ID #: _____		OR No Home ID: <input checked="" type="checkbox"/> New Home		<input type="checkbox"/> Out of state home	<input type="checkbox"/> Leaving County Deed Records
Manufacturer: Skyline McMinnville 2		609520			
Model: West Ridge		Year: 2022 2023			
Serial Number(s)			HUD Label Number(s) *Required if new home		
245000HA101314 AB					
# of Sections:	1	Sq. footage:	1300	Bedrooms:	2
Roofing type:	Shingle	Siding type:	Kft. Lap	Heating type:	Electric
Date of sale: (if applicable)		Sale price:		Cooling type:	N/A
Includes land:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
SECTION 4		DEALER INFORMATION (leave blank if no dealer)			
Name: (first, middle, last) Clayton Homes				License #: _____	
Address: 1437 Century Dr. NE					
City: Albany			State: OR		ZIP: 97322
Email: _____					
Phone: _____					
I hereby declare this manufactured structure is free and clear of all mortgages, deeds of trust, security interests, and liens. I have the legal right to sell this manufactured structure or my interest in it. The information listed is true to the best of my knowledge and belief, and I understand it may be used as evidence in court and is subject to a penalty of perjury.					
Signature: <i>Wym</i>				Date: 5/1/2024	
SECTION 5		HOME LOCATION			
Current Address: 2445 Pacific Blvd SW					
City: Albany		County: Linn		State: OR Zip: 97322	
Park Name: (if applicable) _____					
<input type="checkbox"/> This is a dealer lot or storage facility					
<input type="checkbox"/> This home is being moved to a new location Complete the section below					
New Address: 436 Oats St					
City: Woodburn		County: Marion		State: OR Zip: 97071	
Park Name: (if applicable) _____					
<input type="checkbox"/> This is a dealer lot or storage facility					
Transporter Name: Bennett Trucking				Phone: 541-879-3444	
Address: P.O. Box 896799			City: Charlotte		State: NC
Email: _____					

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Raywayne at clayton cell